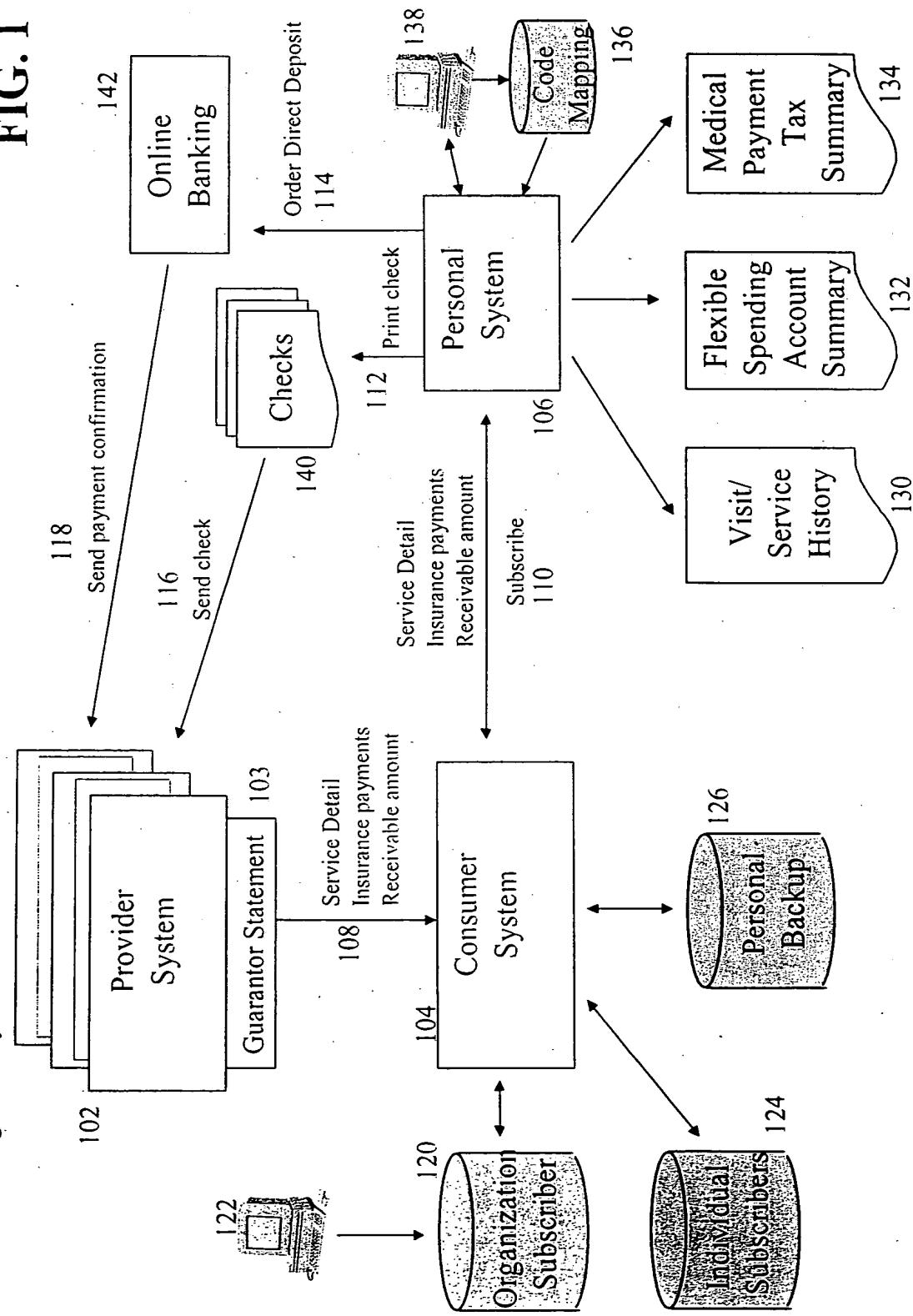


100

Personal and Healthcare Data
Financial Management System

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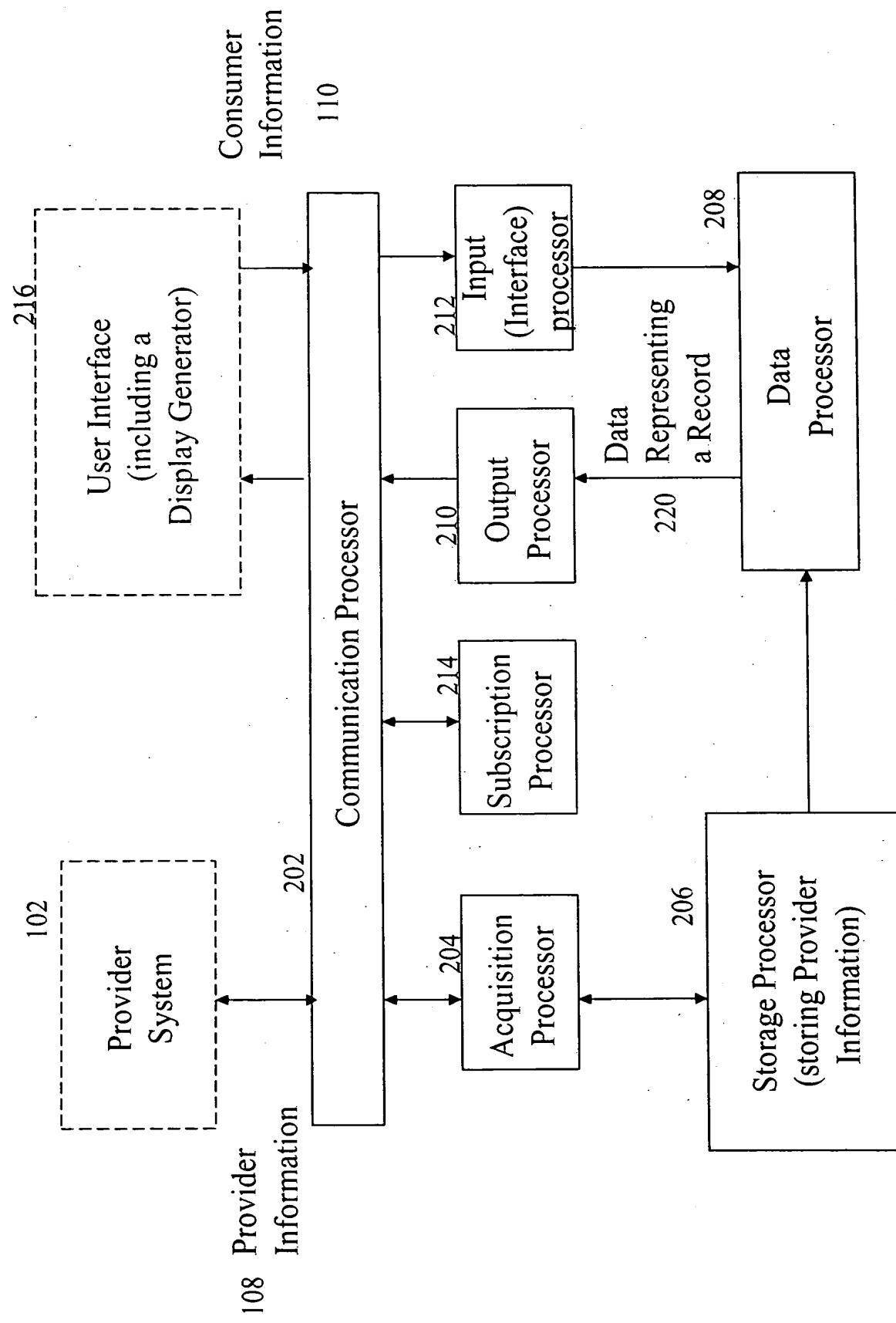
FIG. 1



104
Consumer System

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FIG. 2

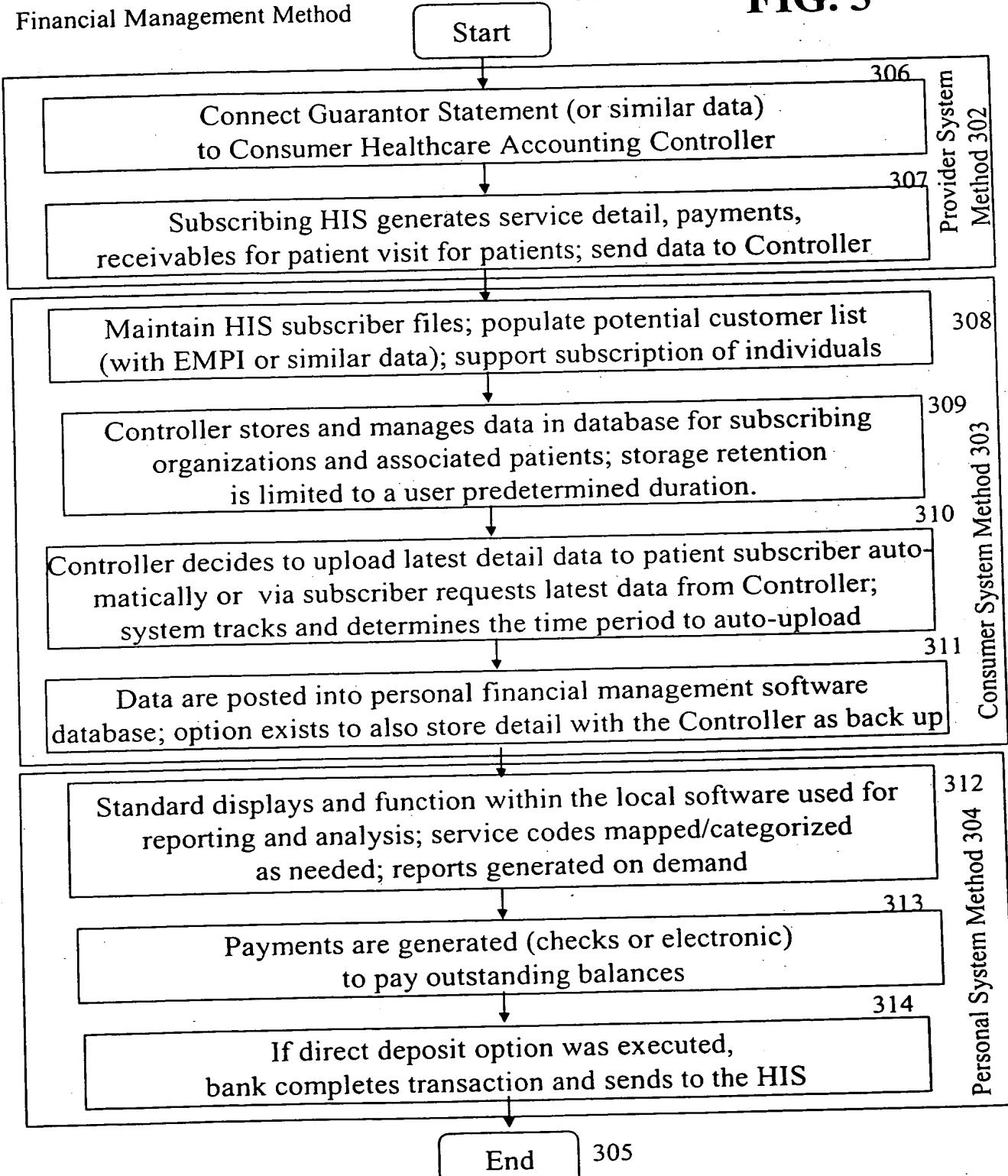


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300
Personal and Healthcare Data
Financial Management Method

301

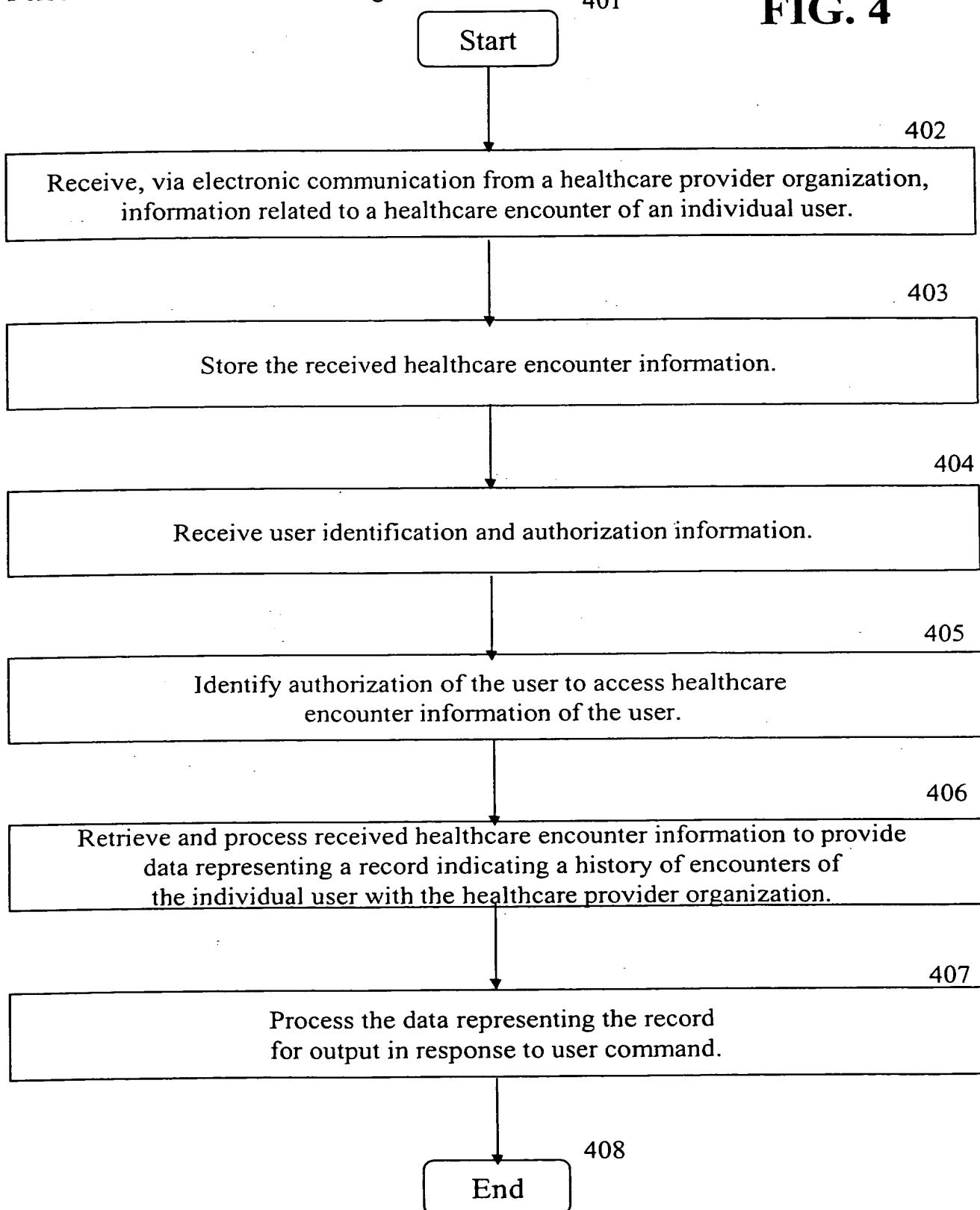
FIG. 3



400

Personal Healthcare Accounting Method

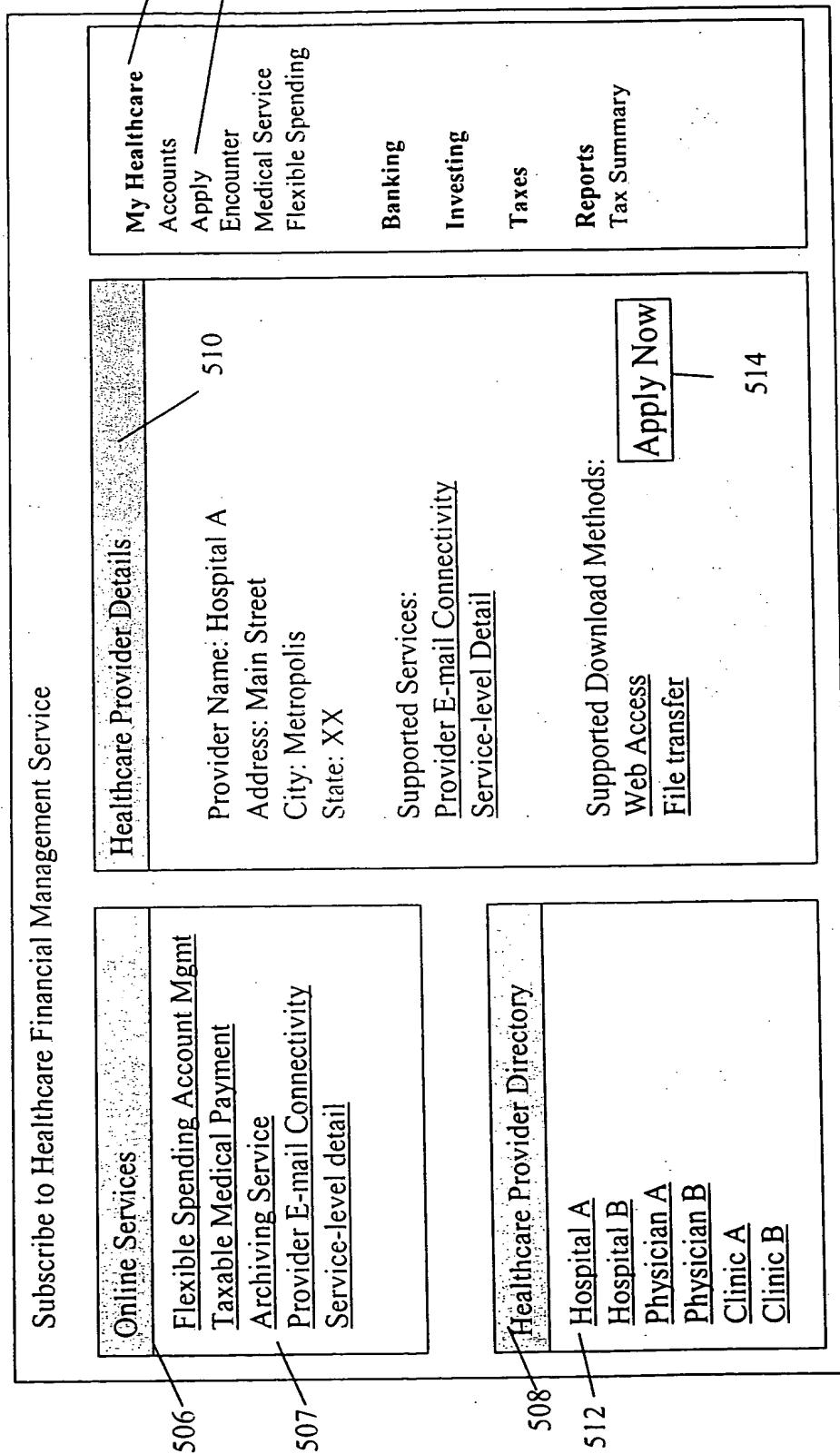
401

FIG. 4

500
Registration Window

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FIG. 5



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600 Encounter Financial Detail Window

FIG. 6

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700
Medical Service Detail Window

FIG. 7

Healthcare Financial Management Service

Medical Service Detail

Service Date	Service Type	Service Code	Service Description	Service Amount
06/28/03	Emergency Room	10103	Supplies	\$ 50
06/28/03	Emergency Room	24537	Physician	\$ 900
06/28/03	Emergency Room	28438	X-ray	\$ 500
06/28/03	Emergency Room	64531	Medications	\$ 100

Patient: Jane

Encounter: 06/28/03 Hospital A

06/28/03	Emergency Room	38446	Cleaning	\$ 100
03/12/03	Prophylaxis	83636	X-ray	\$ 100

My Healthcare
Accounts
Apply
Encounter
Medical Service
Flexible Spending

Banking
Investing
Taxes

Reports
Tax Summary

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502
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800
Flexible Spending Account Window

FIG. 8

Flexible Spending Account Detail Activity					
Service Date	Expense Type	Patient	Eligible Expenses	Amount Reimbursed	
11/22/03	Vision Care	Jane	400.00	400.00	
07/09/03	Drugs	Jane	250.00	200.00	
01/05/03	Dental	John	120.00	120.00	

804

Flexible Spending Account Summary					
Effective Date	Goal Amount	Current Payments	Year-To-Date Payments	Year-To-Date Contributions	Available Balance
2004	1000.00	0.00	0.00	166.00	1000.00
2003	1000.00	1000.00	1000.00	1000.00	0.00

806

802

502

My Healthcare Accounts
Apply Encounter Medical Service Flexible Spending

Banking
Investing
Taxes

Reports Tax Summary

Healthcare Financial Management Service

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900 Healthcare Encounter Tax Summary Window

Healthcare Financial Management Service						
Healthcare Encounter Tax Summary						
Date	Provider	Visit Type	Insurance Company	Total Bill	Insurance Amount	Patient Amount
Patient: Jane						
07/10/03	Hospital A	Outpatient	Payer X	\$ 1,000	\$ 900	\$ 100
06/28/03	Hospital A	Inpatient	Payer X	\$10,000	\$ 8,000	\$ 2,000
03/12/03	Physician W	Dental	Payer Y	\$ 320	\$ 250	\$ 70
02/23/03	Clinic B	Vision		\$ 400	\$ 0	\$ 400
Total				\$11,720	\$10,150	\$ 2,570
Patient: John						
02/23/03	Clinic D	Routine		\$ 600	\$ 200	\$ 400
Total				\$ 600	\$ 200	\$ 400

FIG. 9

502

902

904

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FIG. 10

1000
Paper Bill

1002  Siemens Health System

P.O. Box 999
Malvern PA 19335

1004 Attending Physician: Claus Soarian, MD
Principal Diagnosis: 813.35
Provider: Siemen's Hospital
Provider Tax ID:99-2176953

1006 Pt Name: PATIENT: MARGARET PATIENTI
Statement Number: 1234567890
Account Number: 8947731
Bill Date: 01/01/2001
Birthdate: 01/15/61

1008 Summary for: IP Inpatient Hospital 10/25/00 - 10/30/00

Description	Amount (\$)
CHARGES	
Room Charge - Double (1 day at \$538.00)	538.00
Room Charge - Private (4 days at \$602.00)	1,204.00
Total Room/Bed Charges:	1,742.00
Medical Units	100.00
Operating Room	90.00
Anesthesia	80.00
Central Sterile	70.00
ICU/CCU	60.00
Emergency Room	50.00
Laboratory-Clinic	40.00
Cardiology-EKG	30.00
Total Ancillary Charges:	520.00
PAYMENTS/ADJUSTMENTS	
Total Medicare Payments	200.00
Total Medicare Adjustments	100.00
Balance:	\$1,962.00

1010

1012 THIS IS NOT A BILL. For your reference, the above transactions are itemized. We have billed your insurance company (s) listed below. If your insurance coverage does not pay for these charges, you will be responsible for any remaining balance.

Thank you for choosing LHS for your health care needs. Please call us at (570) 724-1750 or 1(800) 877-2455 if you have any questions.

1014 SOARIAN HOSPITAL
P.O. BOX 999
MALVERN PA 19335

1016 00000001 1 SP 0.330 01
MARGARET PATIENTI
APT. #5
1935 MOTOR STREET
DALLAS TX 75235

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Financial Coverages			
Priority	Plan Name	Policy number	Subscriber
1	Medicare	ZZ12345678	Thomas Patienti

Guarantor: Margaret Patienti